

**Office of Administration**  
**Commissioner's Office**

**"Request for Preauthorization for Other Services"**

Program: **Alternatives to Abortion**

Contractor: AFCC LFCS

Subcontractor: LFCS

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.

Client Name [REDACTED] Date Enrolled 7-8-16

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
6-12-17	Car payment	190.08	No other services available, client needs vehicle to find & maintain employment
Amt to be reimbursed			

***Please return to Alternatives to Abortion Program Manager, State of Missouri - Office of Administration, Commissioner's Office, State Capitol Building, Room, 125, Jefferson City, MO 65101. May be faxed to 573/751-1212 or emailed to [emily.kraft@oa.mo.gov](mailto:emily.kraft@oa.mo.gov). by the Contractor only!***

Thank you.

Authorized person requesting purchase: [Signature]

Approved for purchase: \_\_\_\_\_ Date \_\_\_\_\_

Purchase denied: \_\_\_\_\_ Date \_\_\_\_\_

Reason for denying purchase: \_\_\_\_\_

\_\_\_\_\_

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MAY 19 - 17  
CREDIT ACCEPTANCE CORP  
P O BOX 551888  
DETROIT MI 48255-1888

PAYMT. NO.

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ACCOUNT NUMBER

PAYMENT DUE - IF RECEIVED ON OR BEFORE

\$190.08

MAY 19, 2017

Mail Payment to:

CREDIT ACCEPTANCE CORP  
P O BOX 551888  
DETROIT MI 48255-1888

Address/Phone Change?

Street Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

☐ Mailing Address

☐ Physical Address